



Last Updated: 03/09/2022

New Rates and Processing of Emergency Room Physician Claims - Effective July 1, 2007

The purpose of this memorandum is to provide you with information regarding changes to rates and processing of claims submitted to the Department of Medical Assistance Services (DMAS) for rendered emergency room (ER) services. These changes only affect recipients enrolled in MEDALLION and fee-for-service Medicaid and FAMIS. These changes do not apply to those enrolled in Managed Care Organizations. The processing changes do not apply to claims for recipients in the Client Medical Management Program.

New Rates

The rates for the following ER physician services have been changed from the rates originally published on the DMAS website following the June 5, 2007 Medicaid Memo. The rates for dates of service on or after July 1, 2007 will be:

CPT Code	Description	Rate Effective 7/1/2007
99281	Emergency dept visit	\$ 13.66
99282	Emergency dept visit	\$ 26.60
99283	Emergency dept visit	\$ 42.21
99284	Emergency dept visit	\$ 77.60
99285	Emergency dept visit	\$ 115.66

Note that there are no longer any rate differences based on the recipient's age.



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New Processing Policy

Effective for claims processed on or after July 1, 2007, ER claims for CPT procedure codes 99281 and 99282 will **no longer** suspend for manual review and will pay at the full Medicaid allowed amount regardless of the diagnosis code. Claims processed with a CPT procedure code 99283 will continue to suspend for review based on the pend diagnosis table. If the service is determined to be non-emergent, the rate paid will be \$22.06.

Note that the corresponding hospital claim may still be suspended for manual review depending on the diagnosis code and may not pay at the full Medicaid rate.

Client Medical Management (CMM) Program

These changes in pend policy do not affect claims for ER services for recipients in the CMM Program. Claims with diagnoses on the **Payable ER Diagnosis Code Table** (Chapter IV, Exhibits Section of the *Physician Manual*) will pay at the full Medicaid rate. All ER claims with diagnoses on the **Pend ER Diagnosis Code Table** (Chapter IV, Exhibits Section of the *Physician Manual*) will pend for manual review. Pended claims determined to be non-emergency will be denied unless the CMM Primary Care Physician (PCP) referred the recipient to the ER and provided a CMM Practitioner Referral Form (DMAS-70) to be attached to the claim.

Utilization Review and Control

Under the provisions of federal regulations, the Medical Assistance program must provide for continuing review and evaluation of the care and services paid through Medicaid, including review of utilization of the services of providers and by recipients. Federal regulations of 42 CFR

§§ 455-456 set forth requirements for detection and investigation of Medicaid fraud and abuse to maintain program integrity and require implementation of a statewide program of utilization control to ensure high quality care as well as the appropriate provision of services. All emergency claims are subject to the



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utilization review requirements as described in Chapter VI, of the DMAS Physician Provider Manual.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various



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communications to providers, including Provider Manuals and Medicaid Memoranda: http://www.dmas.virginia.gov/prm-provider_manuals.htm. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-newsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.